



# State of Idaho Emergency Medical Services Bureau

## Provider Application Form



**Level Applied For:** ☐ First Responder ☐ EMT-Basic ☐ Advanced EMT ☐ Paramedic

**Type:** ☐ **Initial** (\$35.00 fee for Advanced EMT and Paramedic) ☐ **Recertification** (\$25.00 fee for Advanced EMT and Paramedic)

☐ Direct Bill my Agency - Agency Name \_\_\_\_\_

☐ Reinstatement ☐ Reversion ☐ Ambulance Rating (complete back) ☐ Reciprocity

### Applicant Information:

Social Security # \_\_\_\_\_ - - Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Drivers License # \_\_\_\_\_ DL State \_\_\_\_\_

Name \_\_\_\_\_ Gender ☐ F ☐ M

Last Name First Name Middle Name/Initial

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Circle the highest level of education: GED High School Diploma College: 1 2 3 4 5 6 7 8

### Affiliation:

Agency Name \_\_\_\_\_ Agency License # \_\_\_\_\_

Agency Chief/Director/President \_\_\_\_\_

**Signature**

**Printed Name**

Additional Licensed EMS Affiliations: \_\_\_\_\_

Check all circumstances in which you will use this certification:

Volunteer

Career

☐ True

☐ Full Time

☐ Compensated

☐ Part Time

Have you ever applied for, been denied or received an EMS certification or licensure in any other state? Yes ☐ No ☐

If yes, complete an *Idaho EMS Certification Verification Request* form for each state you applied for or ever held an EMS certification / licensure.

### Applicant Signature:

I hereby affirm the information herein is true and correct, and that I meet all requirements for EMS certification as established by the State of Idaho.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date signed**

### For Bureau Use Only

Received in RO

Cert. Fee Rcvd Date \_\_\_\_\_

☐ Cash - Receipt # \_\_\_\_\_

☐ Check # \_\_\_\_\_

☐ M.O. # \_\_\_\_\_

☐ DB - Agency \_\_\_\_\_

Process Date \_\_\_\_\_

Received in C&L

### First Responder and Basic

**Test Date**

**Expiration**

10/05-03/06

3/31/2009

04/06-09/06

9/30/3009

10/06-03/07

3/31/2010

04/07-09/07

9/30/2010

10/07-03/08

3/31/2011

04/08-09/08

9/30/2011

10/08-03/09

3/31/2012

04/09-09/09

9/30/2012

10/09-03/10

3/31/2013

04/10-09/10

9/30/2013

10/10-03/11

3/31/2014

### Advanced and Paramedic

**Test Date**

**Expiration**

10/06-03/07

3/31/2009

04/07-09/07

9/30/2009

10/07-03/08

3/31/2010

04/08-09/08

9/30/2010

10/08-03/09

3/31/2011

04/09-09/09

9/30/2011

10/09-03/10

3/31/2012

04/10-09/10

9/30/2012

10/10-03/11

3/31/2013

04/11-09/11

9/30/2013

10/11-03/12

3/31/2014

## ADVANCED EMT-A

☐ \$25 Advanced EMT-A recertification fee

### Recertification Education Record

**Applicant Name:** \_\_\_\_\_

All recertification requirements must be complete and submitted between the effective date and the expiration date of the current certification. Recertification requires an EMS Bureau approved EMT-Basic Refresher, an EMS Bureau approved Advanced EMT-A Refresher Course, 24 hours of continuing education and verification of skills.

AEMT-A Refresher Course # \_\_\_\_\_ Completion Date \_\_\_\_\_ Instructor: \_\_\_\_\_

EMT-Basic Refresher Options (Complete 1) - Attach proof of completion

- ☐ Traditional EMS Bureau approved Refresher # \_\_\_\_\_ Completion Date \_\_\_\_\_ Instructor \_\_\_\_\_
- ☐ CECEBEMS Approved Refresher Education Online Vendor \_\_\_\_\_ Completion Date \_\_\_\_\_
- ☐ After 12/31/06 successfully pass the EMT-B NREMT computer adaptive test at a Pearson Vue testing center. Date Complete \_\_\_\_\_
- ☐ Agency Sponsored Ongoing Training Education Plan (OTEP) approved by the EMS Bureau

### Continuing Education

Course Topic	Instructor	Date	Hours	Course Topic	Instructor	Date	Hours
Total				Total			

### Skills Proficiency

Trauma and Medical Patient Assessment and Management	Assisted Medication Administration
Cardiac Arrest and CPR/AED skills	Childbirth Skills to include care of the newborn
Basic Ventilatory management and oxygen administration to include upper airway adjuncts, suction and bag-valve-mask	Spinal Immobilization, both seated and supine including application of cervical collar
Advanced Airway Management	Hemorrhage Control/Shock Management
Intravenous Therapy	Splinting Procedures to include traction splinting

As the Physician Medical Director for the above named EMS Agency, I attest to the competence of the applicant named on this form in all the *Assurance of Knowledge* and *Skills Proficiency* categories listed on this page and recommend recertification of this individual.

**Signature of the agency Medical Director**

**Date**

**Printed name of the agency Medical Director**